

**IN THE UNITED STATES BANKRUPTCY  
COURT FOR THE DISTRICT OF PUERTO RICO**

**IN RE:**

**CASE NO 07-03045**

**RAMESIS NORMANDIA MARTINEZ**

**CHAPTER 13**

Debtors

\* \* \* \* \*

**DEBTOR'S AMENDMENT OF SCHEDULE  
AND STATEMENT OF THE PURPOSE OF  
THE AMENDMENT**

TO THE HONORABLE COURT:

Debtor in the above captioned case; hereby amend Schedule J attached amended documents, for those originally filed, pursuant to R. Bankr. P. 1009.

- 1- Debtor requests the amendment of the Schedule J to modified debtor's expenses.

Notice is hereby given that unless a party in interest files a written objection to the Amendment of schedule within twenty-one (21) days from the date of the notice indicated herein below, then the Court will enter an order approving the Amendment of Schedule without further notice of hearing.

In San Juan, PR this 23<sup>rd</sup> day of July 2010

**CERTIFICATE OF SERVICE:** That I electronically filed the foregoing with the Clerk of the Court using CM/ECF system which will send notification of such filing and that I have mailed the documents to the all non CM/ECF participants, Creditors and parties in interest as per the Master address list.

**/S/WILBERT LOPEZ MORENO, ESQ**  
**Representing Ramesis Normandia Martinez**  
**1272 Jesús T. Piñero**  
**San Juan, Puerto Rico, 00921**  
**787-782-5364 /Fax-787-793-5790**  
**E-mail: wilbert\_lopez@yahoo.com**

IN RE NORMANDIA MARTINEZ, RAMESIS

Debtor(s)

Case No. 07-3045

(If known)

**AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

- |                                                                                                             |                  |
|-------------------------------------------------------------------------------------------------------------|------------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)                                       | \$ <u>475.00</u> |
| a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>      |                  |
| b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>      |                  |
| 2. Utilities:                                                                                               |                  |
| a. Electricity and heating fuel                                                                             | \$ _____         |
| b. Water and sewer                                                                                          | \$ _____         |
| c. Telephone                                                                                                | \$ _____         |
| d. Other <u>CELL PHONE</u>                                                                                  | \$ <u>60.00</u>  |
| 3. Home maintenance (repairs and upkeep)                                                                    | \$ _____         |
| 4. Food                                                                                                     | \$ <u>97.00</u>  |
| 5. Clothing                                                                                                 | \$ _____         |
| 6. Laundry and dry cleaning                                                                                 | \$ _____         |
| 7. Medical and dental expenses                                                                              | \$ _____         |
| 8. Transportation (not including car payments)                                                              | \$ _____         |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.                                         | \$ _____         |
| 10. Charitable contributions                                                                                | \$ _____         |
| 11. Insurance (not deducted from wages or included in home mortgage payments)                               | \$ _____         |
| a. Homeowner's or renter's                                                                                  | \$ _____         |
| b. Life                                                                                                     | \$ _____         |
| c. Health                                                                                                   | \$ _____         |
| d. Auto                                                                                                     | \$ _____         |
| e. Other                                                                                                    | \$ _____         |
| 12. Taxes (not deducted from wages or included in home mortgage payments)                                   | \$ _____         |
| (Specify) _____                                                                                             | \$ _____         |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) | \$ _____         |
| a. Auto                                                                                                     | \$ _____         |
| b. Other                                                                                                    | \$ _____         |
| 14. Alimony, maintenance, and support paid to others                                                        | \$ _____         |
| 15. Payments for support of additional dependents not living at your home                                   | \$ _____         |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)            | \$ _____         |
| 17. Other                                                                                                   | \$ _____         |

18. **AVERAGE MONTHLY EXPENSES** (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 632.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:  
None

*I declare under penalty of perjury that the above information is true 7/25/10*

**20. STATEMENT OF MONTHLY NET INCOME**

- a. Average monthly income from Line 15 of Schedule I
- b. Average monthly expenses from Line 18 above
- c. Monthly net income (a. minus b.)

\$ 632.00

\$ 632.00

\$ 0.00

*R. Handley*

Label Matrix for local noticing  
0104-3  
Case 07-03045-BKT7  
District of Puerto Rico  
Old San Juan  
Fri Jul 23 17:27:33 AST 2010

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End of Label Matrix  
Mailable recipients 22  
Bypassed recipients 0  
Total 22